Indiana State Department of Health

Weekly Influenza Report

Week 1

Report Date: Wednesday, January 20, 2016

The purpose of this report is to describe the spread and prevalence of influenza-like illness (ILI) in Indiana. It is meant to provide local health departments, hospital administrators, health professionals and residents with a general understanding of the burden of ILI. Data from several surveillance programs are analyzed to produce this report. Data are provisional and may change as additional information is received, reviewed and verified. For questions regarding the data presented in this report, please call the ISDH Surveillance and Investigation Division at 317-233-7125.

WEEKLY OVERVIEW

Influenza-like Illness - Week Ending January 9, 2015	
ILI Geographic Distribution	Local
ILI Activity Code	Minimal
Percent of ILI reported by sentinel outpatient providers	0.42%
Percent of ILI reported by emergency department chief complaints	1.29%
Percent positivity of influenza specimens tested at ISDH	66.66%
Number of influenza-associated deaths	0
Number of long-term care facility outbreaks	0
Number of school-wide outbreaks	0

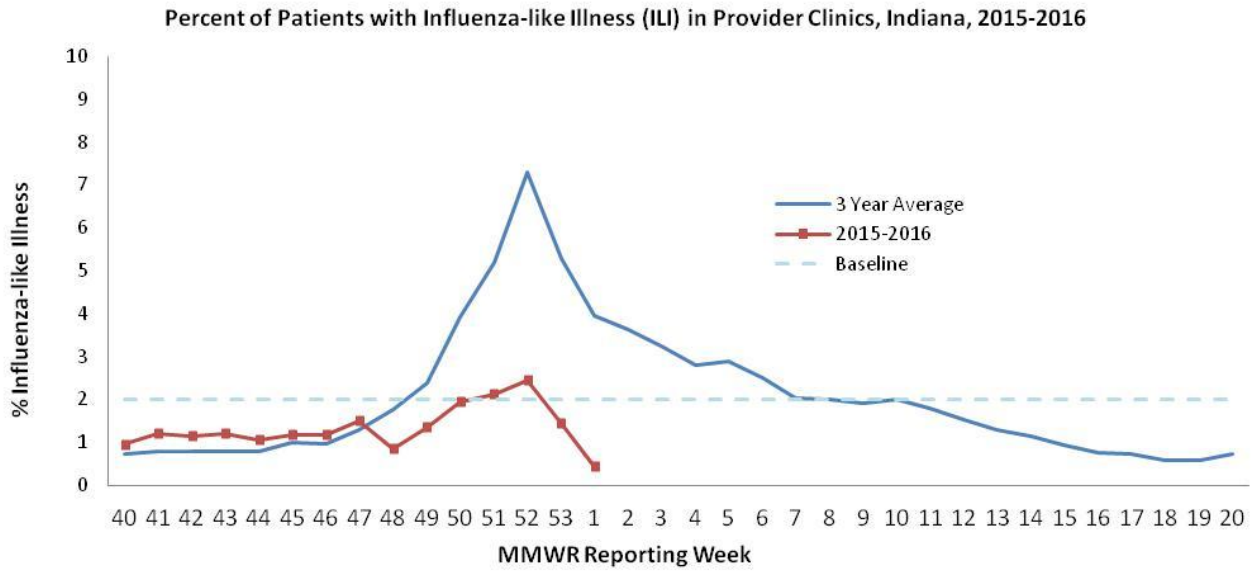
Indiana State Department of Health

SENTINEL SURVEILLANCE SYSTEM

Data are obtained from sentinel outpatient providers participating in the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet). Data are reported on a weekly basis for the previous Morbidity and Mortality Weekly Report (MMWR) Week by the sentinel sites and are subject to change as sites back-report or update previously submitted weekly data.

Percent of ILI Reported by Type of Sentinel Outpatient Facility, Indiana, 2015-2016 Season			
MMWR Week	All Reporters %ILI (n)	Universities %ILI (n)	Non-Universities %ILI (n)
01	0.45% (24)	0.22 (9)	0.45 (15)
52	2.45 (23)	Data Not Available	2.45 (14)
51	2.13 (26)	0.74 (9)	2.20 (17)

Percent of ILI Reported by Age Category in Sentinel Outpatient Facilities, Indiana, 2015-2016 Season		
Age Category, years	Total Number of ILI	Percent of ILI
0-4	5	30.00%
5-24	7	46.67%
25-49	3	20.00%
50-64	0	0.00%
65+	0	0.00%
Total	15	--

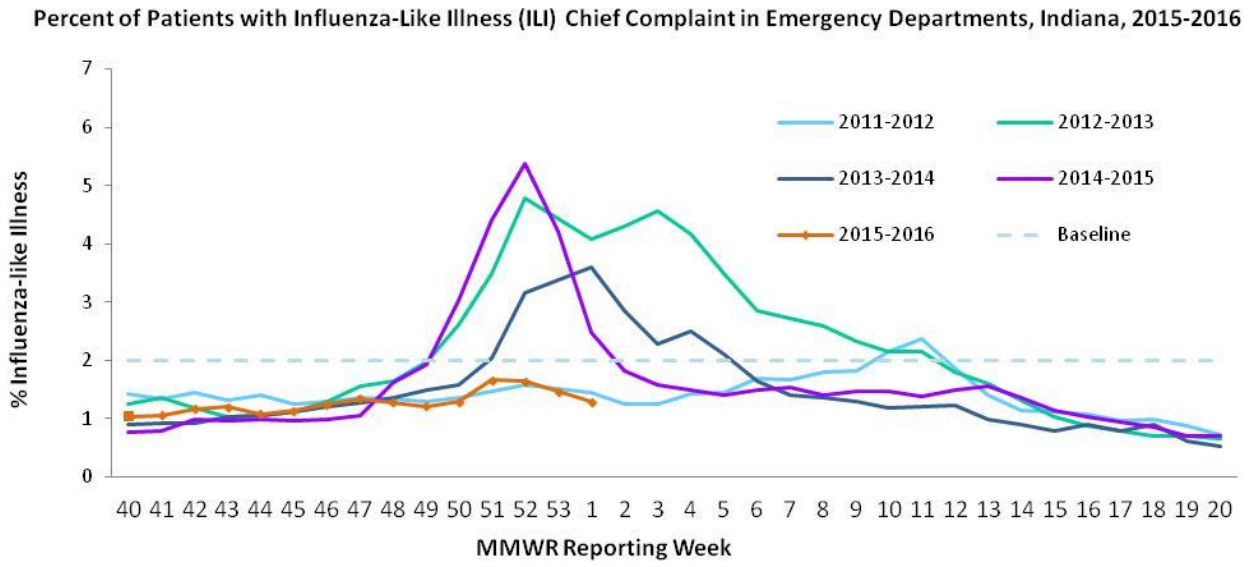


Indiana State Department of Health

SYNDROMIC SURVEILLANCE SYSTEM

Data are obtained from hospital emergency department chief complaint data through the Indiana Public Health Emergency Surveillance System (PHESS). Data are reported on a weekly basis for the previous Morbidity and Mortality Weekly Report (MMWR) Week and are subject to change as hospitals back-report or update previously submitted weekly data.

Percent of ILI Reported in Emergency Departments by District, Indiana, 2015-2016 Season		
	Previous MMWR Week	Current MMWR Week
Indiana	1.64%	1.29%
District 1	1.66	1.49
District 2	1.49	1.10
District 3	0.95	0.60
District 4	2.04	1.87
District 5	1.51	1.24
District 6	1.62	1.78
District 7	1.99	1.19
District 8	1.65	0.96
District 9	2.41	2.04
District 10	1.89	0.98



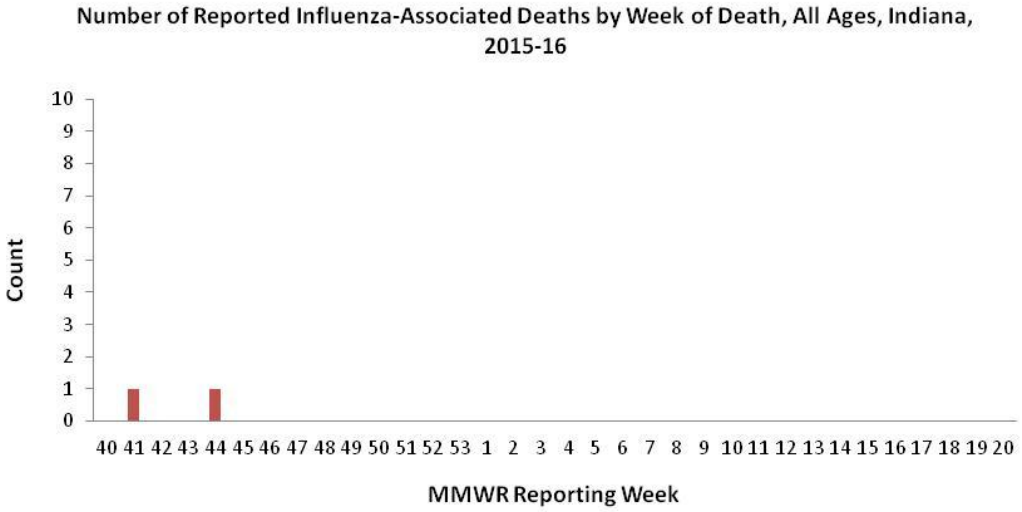
Indiana State Department of Health

INFLUENZA-ASSOCIATED MORTALITY

Data are obtained from the Indiana National Electronic Disease Surveillance System (I-NEDSS). Influenza-associated deaths are reportable within 72 hours of knowledge; however, not all cases are reported in a timely manner so data in this report as subject to change as additional cases are back-reported.

Number of Laboratory Confirmed Influenza-Associated Deaths for All Ages, Indiana, 2015-2016 Season	
Age Category, years	Season Total
0-4	0
5-24	0
25-49	0
50-64	1
65+	1
Total	2

Counties with ≥5 Laboratory Confirmed Influenza-Associated Deaths for All Ages, 2015-2016 Season			
County	Season Total	County	Season Total



Indiana State Department of Health

VIROLOGIC SURVEILLANCE

Circulating Influenza Viruses Detected by ISDH Laboratory*, Indiana, 2015-2016 Season				
	Week 1		Season Total	
PCR Result	Number	Percent of Specimens Received	Number	Percent of Specimens Received
2009 A/H1N1pdm virus	3	50.0%	5	4.0%
Influenza A/H3 seasonal virus	0	0%	2	1.6%
Influenza A/H1 seasonal virus	0	0%	0	0%
Influenza B seasonal virus	1	16.7%	3	2.4%
Influenza negative	2	33.3%	107	86.3%
Inconclusive	0	0%	0	0%
Unsatisfactory specimen†	0	0%	7	5.7%
Influenza Co-infection$^{\Delta}$	0	0%	0	0%
Total	6	**100%**	124	**100%**

*Data obtained from the ISDH Laboratory via specimens submitted from the ISDH Sentinel Influenza Surveillance System and IN Sentinel Laboratories.

†Unsatisfactory specimens include specimens that leaked in transit, were too long in transit, or were inappropriately labeled.

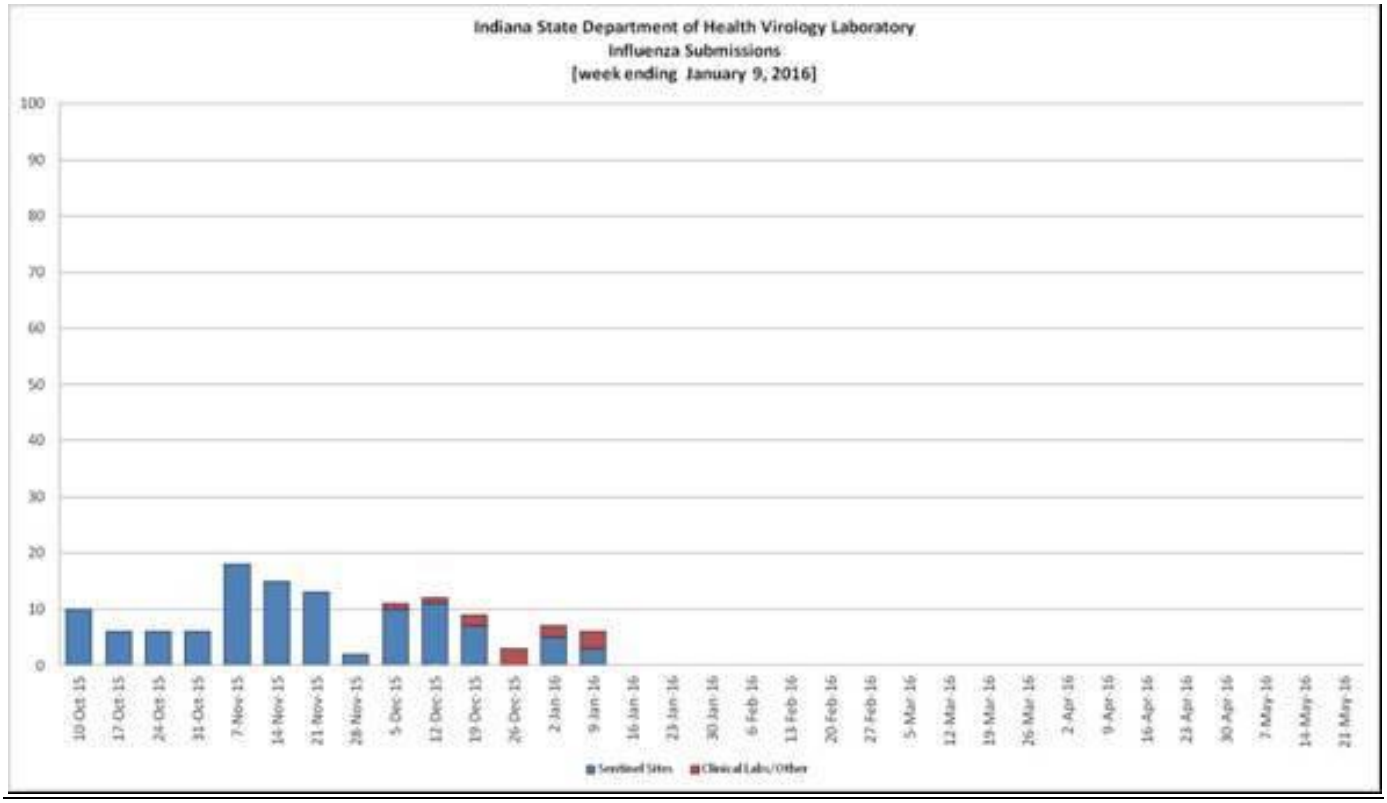
Δ All previous-year co-infections have been influenza A/H3 and influenza B.

Circulating Non-Influenza Viruses Detected by the ISDH Laboratory, Indiana, 2015-2016 Season			
Result	Week 1	Season Total (Since 10/1/15)	Early Surveillance (9/1/15 - 9/30/15)
Adenovirus	0	3	0
Coronavirus 229E	0	0	0
Coronavirus HKU1	0	0	0
Coronavirus NL63	0	0	0
Coronavirus OC43	0	0	0
Enterovirus NOS	0	0	0
Enterovirus/Rhinovirus[1]	0	2	1
Human Metapneumovirus	0	0	0
Parainfluenza 1 Virus	0	1	1
Parainfluenza 2 Virus	0	1	0
Parainfluenza 3 Virus	0	1	0
Parainfluenza 4 Virus	0	1	0
Rhinovirus	0	0	0
Respiratory Syncytial Virus	0	0	0
Total	**0**	**9**	2

[1]Some specimens were tested outside of ISDH Laboratory

Indiana State
Department of Health

VIROLOGIC SURVEILLANCE (GRAPH)



Indiana State Department of Health

FLU REVIEW

Flu Vaccine Resources

- The Advisory Committee on Immunization Practices (ACIP) has posted the archived video broadcast from its October 2015 meeting, which included updates on influenza surveillance, cost-effectiveness, and vaccine supply. The presentation slides from the ACIP meeting are also available.
- The American Academy of Pediatrics (AAP) has collaborated with ArcheMedX to offer the Influenza Prevention 2015-16 online education program, which is designed to update health care providers on recommendations for preventing and treating influenza in children. The program includes four interactive learning modules, highlighting these key elements of the AAP influenza policy:
    I. Prevention and Control of Influenza
    II. Immunization for all Health Care Personnel
    III. Office Testing and Vaccinating Egg-Allergic Children
    IV. Use of Rapid Influenza Diagnostic Tests (RIDTs)
- In addition to encouraging influenza vaccination, share the CDC's tips for good health habits to help prevent the spread of influenza; promotion materials are also available.

Flu News and Related Studies

- Influenza activity in the United States is still increasing, and flu season typically peaks in February and continues into May. Reported influenza rates remain above the national baseline for the third consecutive week. Eight states and one territory have now reported at least regional levels of activity, and thirteen states reported local influenza activity; Indiana reported sporadic influenza activity. View the map of weekly influenza activity in the U.S. and the latest FluView report for more about current influenza activity, trends, and impact throughout the United States (CDC).
- Over 145.4 million doses of flu vaccine have now been distributed in the U.S. (CDC).
- Inactivated influenza vaccine (IIV) may be more effective than quadrivalent live attenuated influenza vaccine (LAIV4) in preventing influenza among children (The Journal of Infectious Diseases).
- A study of resident physicians (RPs) at Rutgers University—New Jersey Medical School revealed lack of time to be the most common reason RPs did not receive influenza vaccination, and suggested that making flu vaccination available in hospitals at times that accommodate varying work schedules may be key to improving vaccination rates among physicians (American Journal of Infection Control).

For Further Information, Visit:

www.in.gov/isdh/25462.htm
www.cdc.gov/flu
www.flu.gov